



Minnesota Senate

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KEY: ~~stricken~~ = old language to be removed
underscored = new language to be added

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Authors and Status ■ List versions

S.F No. 2457, 2nd Engrossment: 82nd Legislative Session (2001-2002) Posted on Feb 18, 2002

- 1.1 A bill for an act
- 1.2 relating to civil commitment; conforming certain
- 1.3 standards; authorizing the court to commit certain
- 1.4 persons with mental illnesses to community hospitals;
- 1.5 requiring the commissioner of human services to
- 1.6 provide a report to the legislature on the mental
- 1.7 health system; amending Minnesota Statutes 2000,
- 1.8 sections 253B.05, subdivision 2; 253B.07, subdivision
- 1.9 2b; Minnesota Statutes 2001 Supplement, section
- 1.10 253B.09, subdivision 1.
- 1.11 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:
- 1.12 Section 1. Minnesota Statutes 2000, section 253B.05,
- 1.13 subdivision 2, is amended to read:
- 1.14 Subd. 2. [PEACE OR HEALTH OFFICER AUTHORITY.] (a) A peace
- 1.15 or health officer may take a person into custody and transport
- 1.16 the person to a licensed physician or treatment facility if the
- 1.17 officer has reason to believe, either through direct observation
- 1.18 of the person's behavior, or upon reliable information of the
- 1.19 person's recent behavior and knowledge of the person's past
- 1.20 behavior or psychiatric treatment, that the person is mentally
- 1.21 ill or mentally retarded and in ~~imminent~~ danger of injuring self
- 1.22 or others if not immediately ~~restrained~~ detained. A peace or
- 1.23 health officer or a person working under such officer's
- 1.24 supervision, may take a person who is believed to be chemically
- 1.25 dependent or is intoxicated in public into custody and transport
- 1.26 the person to a treatment facility. If the person is
- 1.27 intoxicated in public or is believed to be chemically dependent
- 1.28 and is not in danger of causing self-harm or harm to any person
- 2.1 or property, the peace or health officer may transport the
- 2.2 person home. The peace or health officer shall make written
- 2.3 application for admission of the person to the treatment
- 2.4 facility. The application shall contain the peace or health
- 2.5 officer's statement specifying the reasons for and circumstances
- 2.6 under which the person was taken into custody. If ~~imminent~~
- 2.7 danger to specific individuals is a basis for the emergency
- 2.8 hold, the statement must include identifying information on
- 2.9 those individuals, to the extent practicable. A copy of the
- 2.10 statement shall be made available to the person taken into
- 2.11 custody.
- 2.12 (b) As far as is practicable, a peace officer who provides
- 2.13 transportation for a person placed in a facility under this
- 2.14 subdivision may not be in uniform and may not use a vehicle

2.15 visibly marked as a law enforcement vehicle.

2.16 (c) A person may be admitted to a treatment facility for
2.17 emergency care and treatment under this subdivision with the
2.18 consent of the head of the facility under the following
2.19 circumstances: (1) a written statement is made by the medical
2.20 officer on duty at the facility that after preliminary
2.21 examination the person has symptoms of mental illness or mental
2.22 retardation and appears to be in ~~imminent~~ danger of harming self
2.23 or others if not immediately detained; or (2) a written
2.24 statement is made by the institution program director or the
2.25 director's designee on duty at the facility after preliminary
2.26 examination that the person has symptoms of chemical dependency
2.27 and appears to be in ~~imminent~~ danger of harming self or
2.28 others if not immediately detained or is intoxicated in public.

2.29 Sec. 2. Minnesota Statutes 2000, section 253B.07,
2.30 subdivision 2b, is amended to read:

2.31 Subd. 2b. [APPREHEND AND HOLD ORDERS.] The court may order
2.32 the treatment facility to hold the person in a treatment
2.33 facility or direct a health officer, peace officer, or other
2.34 person to take the proposed patient into custody and transport
2.35 the proposed patient to a treatment facility for observation,
2.36 evaluation, diagnosis, care, treatment, and, if necessary,
3.1 confinement, when:

3.2 (1) there has been a particularized showing by the
3.3 petitioner that serious ~~imminent~~ physical harm to the proposed
3.4 patient or others is likely unless the proposed patient is
3.5 immediately apprehended;

3.6 (2) the proposed patient has not voluntarily appeared for
3.7 the examination or the commitment hearing pursuant to the
3.8 summons; or

3.9 (3) a person is held pursuant to section 253B.05 and a
3.10 request for a petition for commitment has been filed.
3.11 The order of the court may be executed on any day and at any
3.12 time by the use of all necessary means including the imposition
3.13 of necessary restraint upon the proposed patient. Where
3.14 possible, a peace officer taking the proposed patient into
3.15 custody pursuant to this subdivision shall not be in uniform and
3.16 shall not use a motor vehicle visibly marked as a police vehicle.

3.17 Sec. 3. Minnesota Statutes 2001 Supplement, section
3.18 253B.09, subdivision 1, is amended to read:

3.19 Subdivision 1. [STANDARD OF PROOF.] (a) If the court finds
3.20 by clear and convincing evidence that the proposed patient is a
3.21 mentally ill, mentally retarded, or chemically dependent person
3.22 and after careful consideration of reasonable alternative
3.23 dispositions, including but not limited to, dismissal of
3.24 petition, voluntary outpatient care, voluntary admission to a
3.25 treatment facility, appointment of a guardian or conservator, or
3.26 release before commitment as provided for in subdivision 4, it
3.27 finds that there is no suitable alternative to judicial
3.28 commitment, the court shall commit the patient to the least
3.29 restrictive treatment program or alternative programs which can
3.30 meet the patient's treatment needs consistent with section
3.31 253B.03, subdivision 7.

3.32 (b) In deciding on the least restrictive program, the court
3.33 shall consider a range of treatment alternatives including, but
3.34 not limited to, community-based nonresidential treatment,
3.35 community residential treatment, partial hospitalization, acute
3.36 care hospital, and regional treatment center services. The
4.1 court shall also consider the proposed patient's treatment
4.2 preferences and willingness to participate voluntarily in the

4.3 treatment ordered. The court may not commit a patient to a
4.4 facility or program that is not capable of meeting the patient's
4.5 needs.

4.6 (c) If the court finds a proposed patient to be a mentally
4.7 ill person under section 253B.02, subdivision 13, paragraph (a),
4.8 clause (2) or (4), the court shall commit to a community-based
4.9 program that meets the proposed patient's needs. For purposes
4.10 of this paragraph, a community-based program may include
4.11 inpatient mental health services at a community hospital.

4.12 Sec. 4. [MENTAL HEALTH SYSTEM REPORT.]

4.13 The commissioner of human services shall, in consultation
4.14 with consumers of mental health services and their families,
4.15 counties, and advocates for and providers of mental health
4.16 services, provide a report to the legislature, which includes an
4.17 analysis and evaluation of:

4.18 (1) the unmet mental health needs of children, adults, and
4.19 their families;

4.20 (2) the barriers to meeting the needs identified in clause
4.21 (1); and

4.22 (3) long-term strategies to overcome the barriers under
4.23 clause (2).

4.24 The report on the mental health system is due to the chairs of
4.25 the house of representatives and senate committees having
4.26 jurisdiction over human services issues by January 15, 2003.
